

International Student Application

Select term: Fall Spring Summer Year _____ Enrollment Status Initial Transfer Part-Time
OCC ID: _____ Conditional Admission Change of Status
Major: _____ Current Visa Type: _____

Personal Information

Name: _____
Last/Family Name Given Name Middle Name Preferred Name
Date of Birth: _____ Gender Male Female Primary Language: _____
MM/DD/YYYY
Country of Birth: _____ Country of Citizenship: _____
Email Address (1) _____ Home Country Phone Number _____
Email Address (2): _____ U.S. Phone Number: _____
Foreign Address: _____
Street Number and Name City/Province Country
U.S. Address (if applicable): _____
Street Number and Name City State Z/Code
Name of high school attended/attending: _____
Country
Transfer from (U.S. only): _____
City/State

Student Release Information

Authorization for Admission of a Minor: (required if the student is under the age of 18)
I, _____, being the parent or legal guardian of the applicant give my consent for admission and study at OCC as well as medical treatment of this son, if necessary. I understand that this authorization is valid until the minor applicant reaches his/her 18th birthday.

Parent's/Guardian's Signature Email Address Date

Third Party Authorization (OPTIONAL) If you would like to give permission to OCC to release your information including release of your records and documentation to an agency or individual, please indicate their name(s) and email address(es) below:

Full Name (Agent or Individual) Email Address Date

Certification

I certify that all information provided is correct and that I have adhered to the registration policies as set for in the OCC Catalog.

Student's signature _____ Date: _____